**FILED** 

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

## STATEMENT OF RECEIVED STATEMENT OF RECEIVED NO MICHIER STS

Date Received Formula Use 3N 2012

Please type or print in ink.

CANDACE J. GRUBBS
Butte County Clerk-Recorder

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)	
Kirk	Ma	aureen	Ann	
1. Office, Agency, or	Court			
Agency Name				
Board of Superviso				
· · · · · ·	Division, Board, Department, District, if applicable		Your Position	
District 3		County Supervisor		
▶ If filing for multiple pos	sitions, list below or on an attachment			
Agency:		Position:		
2. Jurisdiction of Of	fice (Check at least one box)			
State		Judge or Court Commissione	•	
Multi-County		County of Butte		
City of		Other		
) T of Chatauran		<u> </u>		
3. Type of Statemen		□ tourism Office Data Laft	,	
X: Annual: The period December	covered is January 1, 2011, through 31, 2011.	Leaving Office: Date Left		
-or- The period December	covered is/, through 31, 2011.	The period covered is Ja leaving office.	nuary 1, 2011, through the date of	
Assuming Office: [	Date assumed	<ul> <li>The period covered is</li> <li>the date of leaving office</li> </ul>	through	
Candidate: Election	Year Office sought, i	f different than Part 1:		
4. Schedule Summa	у		. 2-	
Check applicable sched	ules or "None." ► To	otal number of pages including ti	his cover page:	
	stments – schedule attached		usiness Positions – schedule attache	
	Schedule A-2 - Investments – schedule attached  Schedule D - Income – Gifts – schedule attached  Schedule E - Income – Gifts – Travel Payments – schedule attached			
Scriedule B - Real F		Schedule E - Income - Girls - Ira	ivei Payments - schedule attached	
	-or- ☐ None - <i>No reportable i</i> i	nterests on any schedule		
1 1 C				
	f perjury under the laws of the State of Cal	ifornia the		
I certify under penalty o	polyary arrast the miles of the banks of bur			
	2 -2-/2 (month, day, year)	Signatı		

## **SCHEDULE A-1** Investments

## Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION			
Maureen Kirk			

NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
To have about		
Technology Stock	FAIR MARKET VALUE	
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000	
⊠ \$100,001 - \$1,000,000 ☐ Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000	
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT  Stock Other	
(Describe)  Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	(Describe)  Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
ACQUIRED DISPOSED	ACQUIRED DISPOSED	
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE  \$2,000 - \$10,000	FAIR MARKET VALUE  \$\int \\$2,000 - \\$10,000	
S \$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000	
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other	
(Describe)  Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	(Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000	FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000	
NATURE OF INVESTMENT Stock Other (Describe)	NATURE OF INVESTMENT  Stock Other (Describe)	
Partnership () Income Received of \$0 - \$499 () Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
	/	
MORGINED DIGI OGED	NOQUINED DISPOSED	
Comments:		